Case Number:	CM13-0069466		
Date Assigned:	01/03/2014	**Date of Injury:**	11/09/2006
Decision Date:	05/22/2014	**UR Denial Date:**	12/19/2013
Priority:	Standard	**Application Received:**	12/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male who was injured in November of 2006. His psychiatric diagnosis was Major Depressive Disorder, Recurrent, Moderate. The patient was placed on Cymbalta last summer with a partial response. He was on 90 mg daily and an attempt to increase the dose to 120 mg was unsuccessful because the patient complained that it made him foggy. The provider added Enlyte 16 mg daily, initially with questionable compliance. The coverage for the Enlyte has been denied due to lack of medical necessity. This is an independent review of the previous decision to deny coverage for the Enlyte.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ENLYTE 16 MG EVERY MORNING QTY: 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guideline For The Treatment Of Patients With Major Depressive Disorder, Third Edition, APA, October 1st, 2010.

Decision rationale: The patient had a partial response to the Cymbalta and side effects which proscribed maximization of the dose. ACOEM, ODG and MTUS are silent regarding use of

Enlytte as an augmentation strategy. APA practice guidelines indicate addition of folate as a potential augmentation strategy. However the guidelines do not indicate N-Methyl folate which is the major ingredient in Enlyte. Additionally numerous alternative evidence based augmentation strategies are discussed in this document and the records submitted do not indicate any alternative strategies which have been tried. Enlyte is not used in standard psychiatric practice and there is no literature demonstrating its superiority to folate or any other augmentation strategy. As such this substance should be considered as not medically necessary.